	PAIENI	Effe	ctive Octo			ION RECC	JHL	<b>'</b> ·	10	81	2/1	44
CLAIMS AS FILED - PART I  (Column 1) (Column 2) TYPE OR SMALL ENTITY  OR SMALL ENTITY  OR SMALL ENTITY												
T	OTAL CLAIM	S	b				RATE	FEE	٦	RATE	FEE	
FOR NUMBE				RFILED	NUM	BER EXTRA		BASIC FE	E 385.0	OF		+
T	OTAL CHARGE	inus 20=		16.		XS 9=	<del>  .</del>	7	V210	1268		
IN	DEPENDENT (	CLAIMS	pinus 3 =	• .	C		·		OF	`	11500	
MULTIPLE DEPENDENT CLAIM PRESENT								X43=	<u> </u>	OF	X86=	744
+145= OR +290=											′	
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL											1912	
CLAIMS AS AMENDED - PART II OTHER TH											THAN	
(Column 1) (Column 2) (Column 3) CLAIMS   HIGHEST							_	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	· 101	Minus	- 96		=5		X\$ 9=		OR	X\$18=	2500
	Independent	14	Minus	12		=2	Ī	X43=		OR	XBB2	400.00
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┢		<del>                                     </del>	1		700,00
		•		·			L	+145=		OR	+290=	
							A	TOTAL DDIT. FEE		OR	ADDIT. FEE	(50,00
_		(Column 1)	<u> </u>	(Colum		(Column 3)	_					
		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= ·		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		-	H	X43=		1	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT C	LAIM		┢	7,100		OR	7.00	•
		•					L	+145=		OR	+290=	
	•					TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE			
٠		(Column 1)		(Column	r 2)	(Column 3)	٠.	•				
7		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	ndependent	•	Minus	***			H			OR		
<u>[</u>	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		-	X43=	<del></del>	OR	X86≖	
# •	ha antry in anti-	no 1 in loca then the			0 in^		Ŀ	145=		OR	+290=	
Ħ	the "Highest Nun	nn 1 is less than the nber Previously Pai	For IN THIS	SPACE is le	es than	20. enter "20."	ADI	TOTAL DIT. FEE	• ' •	OR A	TOTAL ODIT, FEE	
T?	rne "Highest Nur ie "Highest Numi	nber Previously Pai ber Previously Paid	d For IN THIS For (Total or	i SPACE is le Independent)	ess than is the l	3, enter "3." lighest number f			opriate box			
				•		•				٠.		1

Application or Docket Number